

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to 1-15-03

• 02-263

Dan J. Alpert  
Graham County FM Associates  
2120 N 21st Road  
Arlington, VA 22201

## COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery

C Signature

D Is delivery address different from item 1? If YES, enter delivery address below

☐ Agent  
☐ Addressee

☐ Yes  
☐ No

3 Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4 Restricted Delivery? (Extra Fee)

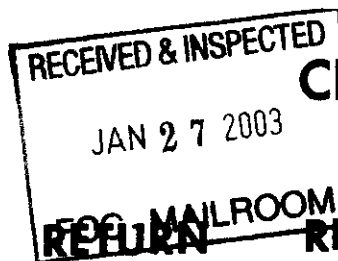
☐ Yes

2 Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 02-263

**CERTIFIED  
MAIL  
RECEIPT**

ORDER DATED
<u>01-15-03</u>
DA <u>03-151</u>
FCC
MIMEOGRAPH NO.

**REQUESTED**

**NAME:** Dan J. Alpert  
Graham County FM Associates  
2120 N 21st Road  
Arlington, VA 22201

C. R. R. NO.

BY .....

## U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Name (Please Print Clearly) (to be completed by mailer)

DAN J. ALPERT

Street, Apt. No., or PO Box No.

2120 N 21st Road

City, State, ZIP+4

ARLINGTON, VA 22201

PS Form 3820, July 1999

See Reverse for Instructions

7000 0600 0023 0771 1897

